4	PLACE OF BIRTH County of Pinne District of Pinne Town of Allen or	BUREAU OF V	TIFICATE OF BI	3.00	ndex No. 241 gister No. 241 trar's No. 72
	City of	(No			
1	FULL NAME OF CHILD OF	emental Report on bl	ank obtainable from	local registrar.	Born YES
	Sex of Twin, Trip Child Truck or other	A and Number in order	er) Legiti	Date of Birth (Month)	29 191 7. (Day) (Yr.)
	Full FATHER Name	h Haussek	Full Maiden Name	MOTHER 4 & Ful	ler
	Residence		Residence &	em_	
	Color Age a Birtl	t last hday(Years)	Color or Race	Age at le Birthda	
1	Birthplace Question	Birthplace Original			
Compound to	Occupation Januar	•	Occupation	touse mig	~
4, 4, t	Number of child of this mother 1 Number of	Children, of this mother, now living	Were precaution	ons taken against Ophthalmia neo	natorum? 4 to
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
	I hereby certify that I attended the		ild; and that it occu	rred on 10/29	191.7, at 7 4. M.
-	*When there is no attending please or midwife, then the household should make this return.	hysi- older	(Signature) (Attendi	6 Orydu	c, howeholder.*)
	Given or Christian name added fr	om a	Address	ma low	jour
1	supplemental report1	91 Filed_//5~	191.7	Wa. P. G.	REGISTRAR.
	482-1029-46 COUNTY REGISTR	7 Filed ///	A Truc Copy	I. M. AZ	REGISTRAR.